

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA

**FILED**

DEC 08 2022

MICHAEL JACKSON,

(Enter the full name of the plaintiff.)

CARMELITA REEDER SHINN, CLERK  
U.S. DIST. COURT. WESTERN DIST. OKLA.  
BY EW DEPUTY

v.

Case No. CIV-22-1038-HE

(Court Clerk will insert case number)

- (1) CLEV. CO. DET. CTR. Administrators,
- (2) TURKEY HEALTH Administrators,
- (3) DR. BECKY PATA

(Enter the full name of each defendant. Attach  
additional sheets as necessary.)

**PRO SE PRISONER CIVIL RIGHTS COMPLAINT**

Initial Instructions

1. You must type or legibly handwrite the Complaint, and you must answer all questions concisely and in the proper space. Where more space is needed to answer any question, you may attach a separate sheet.
2. You must provide a full name for each defendant and describe where that defendant resides or can be located.
3. You must send the original complaint and one copy to the Clerk of the District Court.
4. You must pay an initial fee of \$402 (including a \$350 filing fee and a \$52 administrative fee). The complaint will not be considered filed until the Clerk receives the \$402 fee or you are granted permission to proceed *in forma pauperis*.
5. If you cannot prepay the \$402 fee, you may request permission to proceed *in forma pauperis* in accordance with the procedures set forth in the Court's form application to proceed *in forma pauperis*. See 28 U.S.C. § 1915; Local Civil Rule 3.3.

- If the court grants your request, the \$52 administrative fee will not be assessed and your total filing fee will be \$350.
- You will be required to make an initial partial payment, which the court will calculate, and then prison officials will deduct the remaining balance from your prison accounts over time.
- These deductions will be made until the entire \$350 filing fee is paid, regardless of how the court decides your case.

7. The Court will review your complaint before deciding whether to authorize service of process on the defendants. *See* 28 U.S.C. §§ 1915(e)(2), 1915A; 42 U.S.C. § 1997e(c)(1). If the Court grants such permission, the Clerk will send you the necessary instructions and forms.

8. If you have been granted permission to proceed *in forma pauperis*, the United States Marshals Service will be authorized to serve the defendants based on information you provide. If you have not been granted permission to proceed *in forma pauperis*, you will be responsible for service of a separate summons and copy of the complaint on each defendant in accordance with Rule 4 of the Federal Rules of Civil Procedure.

### COMPLAINT

I. **Jurisdiction is asserted pursuant to:**

42 U.S.C. § 1983 and 28 U.S.C. § 1343(a)(3) (NOTE: these provisions generally apply to state prisoners), or

*Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971), and 28 U.S.C. § 1331 (NOTE: these provisions generally apply to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

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**II. State whether you are a:**

Convicted and sentenced state prisoner  
 Convicted and sentenced federal prisoner  
 Pretrial detainee  
 Immigration detainee  
 Civilly committed detainee  
 Other (please explain) \_\_\_\_\_

**III. Previous Federal Civil Actions or Appeals**

List each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility.

1. Prior Civil Action/Appeal No. 1

a. Parties to previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_ *N/A*

b. Court and docket number: \_\_\_\_\_

c. Approximate date of filing: \_\_\_\_\_ *N/A*

d. Issues raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Disposition (for example: Did you win? Was the case dismissed? Was summary judgment entered against you? Is the case still pending? Did you appeal?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Approximate date of disposition: \_\_\_\_\_

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a separate sheet(s).

**IV. Parties to Current Lawsuit**

State information about yourself and each person or company listed as a defendant in the caption (the heading) of this complaint.

1. Plaintiff

Name and any aliases: MICHAEL JACKSON

Address: 2550 W. FRANKLIN Rd, NORMAN, OK. 73069

Inmate No.: 2018002454

2. Defendant No. 1

Name and official position: CLEVELAND COUNTY DET. CENTER'S  
ADMINISTRATORS

Place of employment and/or residence: 2550 W. FRANKLIN Rd, NORMAN, OK. 73069  
CLEVELAND COUNTY DETENTION CENTER (Administration)

How is this person sued?  official capacity,  individual capacity,  both

3. Defendant No. 2

Name and official position: TURKEY HEALTH ADMINISTRATORS

Place of employment and/or residence: 2550 W. FRANKLIN Rd, NORMAN, OK. 73069  
CLEVELAND CO. DETENTION CENTER

How is this person sued?  official capacity,  individual capacity,  both

If there are more than two defendants, describe the additional defendants using this same format on a separate sheet(s).

4. DEFENDANT No 3

NAME AND OFFICIAL POSITION: DR. BECKY PATA

PLACE OF EMPLOYMENT AND/OR RESIDENCE: 2550 W. FRANKLIN,<sup>Rd</sup>  
NORMAN, OKLA. 73069 (Clev. Co. Det. Center)

THIS PERSON IS SUED IN  BOTH CAPACITIES.

**V. Cause of Action**

Instructions

1. *Provide a short and plain statement of each claim.*
  - Describe the facts that are the basis for your claim.
  - You can generally only sue defendants who were directly involved in harming you. Describe how each defendant violated your rights, giving dates and places.
  - Explain how you were hurt and the extent of your injuries.
2. *You are not required to cite case law.*
  - Describe the constitutional or statutory rights you believe the defendant(s) violated.
  - At this stage in the proceedings, you do not need to cite or discuss any case law.
3. *You are not required to attach exhibits.*
  - If you do attach exhibits, you should refer to the exhibits in the statement of your claim and explain why you included them.
4. *Be aware of the requirement that you exhaust prison grievance procedures before filing your lawsuit.*
  - If the evidence shows that you did not fully comply with an available prison grievance process prior to filing this lawsuit, the court may dismiss the unexhausted claim(s) or grant judgment against you. *See 42 U.S.C. § 1997e(a).*
  - Every claim you raise must be exhausted in the appropriate manner.
5. *Be aware of any statute of limitations.*
  - If you are suing about events that happened in the past, your case may be subject to dismissal under the statute of limitations. For example, for many civil rights claims, an action must be brought within two years from the date when the plaintiff knew or had reason to know of the injury that is the basis for the claim.

6. Do not include claims relating to your criminal conviction or to prison disciplinary proceedings that resulted in loss of good time credits.

- If a ruling in your favor “would necessarily imply the invalidity” of a criminal conviction or prison disciplinary punishment affecting the time served, then you cannot make these claims in a civil rights complaint unless you have already had the conviction or prison disciplinary proceeding invalidated, for example through a habeas proceeding.

Claims

List the federal right(s) that you believe have been violated, and describe what happened. Each alleged violation of a federal right should be listed separately as its own claim.

1. Claim 1:

(1) List the right that you believe was violated:

THE RIGHT TO BE FREE FROM DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEED & DAILY SUFFERING EXCRUCIATING PAIN... U.S. CONST. 8<sup>TH</sup>, 14<sup>TH</sup> AMENDMENTS; AS WELL AS BEING DENIED HOUSED IN A HANDICAP ACCESSIBLE CELL... AND ALOTER PAIN MANAGEMENT.

(2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

CLEV. CO. DET. CENTER'S ADMINISTRATORS; TURNKEY HEALTH ADMINISTRATORS; DR. BECKY PATA

(3) List the supporting facts:

WHILE CONFINED IN THE MEDICAL UNIT OF THE CLEVELAND CO. DET.

CENTER ON 02/06/2022, I WAS ON A WALKER AS A RESULT OF MY

BROKEN BACK INJURY. WHILE SHOWERING I FELL AND BROKE MY

LEFT FEMUR BONE GETTING OUT OF THE SHOWER. I UNDERWENT

[SEE NEXT PAGE]

(4) Relief requested: (State briefly exactly what you want the court to do for you.)

I WISH THE COURT WOULD ENFORCE THE FEDERAL RULES FOR HANDICAPP ACCESSIBILITY

UPON THIS FACILITY; HELP ME & OTHERS NOT TO CONTINUE SUFFERING IN A M

DELIBERATELY INDIFFERENT TO SIMILARLY SITUATED MEDICAL JAIL FACILITY; AND

COMPLAINT OF \$500,000.00 AND PUNITIVE DAMAGES OF \$5,000,000.00

2. **Claim II:**

(1) List the right that you believe was violated:

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(2) List the defendant(s) to this claim: (If you have sued more than one defendant, specify each person or entity that is a defendant for this particular claim.)

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(3) LIST THE SUPPORTING FACTS CONTINUED:

... AT THE NORMAN HEALTHPLEX AND THEN I WAS RETURNED BACK TO THE SAME UNEQUIPPED HANDICAP CELL & UNIT... AND SITUATION. ON 02-29-2022, I BONDED OUT OF JAIL. I COULD NOT AFFORD THE FINANCIAL EXPENSE OF THERAPY AND MY INSURANCE COMPANY WOULD NOT PAY FOR MY THERAPY, UNLESS IT WAS PERFORMED IN A HOSPITAL SETTING. UNFORTUNATELY, I RESIDE IN PURCELL, OKLAHOMA, WITH NO MEANS OF COMMUTING BACK & FORTH FROM PURCELL TO NORMAN FOR THERAPY NOR COURT.

THEREFORE, ON SEPT. 21, 2022, THE POLICE CAME TO MY HOME IN PURCELL AND ARRESTED ME FOR NOT MAKING MY COURT DATE IN CLEVELAND CO. DIST. COURT IN NORMAN, OKLA. THE POLICE MADE ME GET FACE DOWN ON THE GROUND AFTER SHOOTING TEAR GAS INTO MY HOME. I WAS HANDED CUFFED BEHIND MY BACK AND DRAGGED OFF OF MY PORCH, DOWN MY WHEELCHAIR RAMP. AT THE BOTTOM OF MY RAMP THE POLICE TRIED TO STAND ME UP UNSUCCESSFULLY AND DROPPED ME ON THE GROUND, TOOK ME TO THE HOSPITAL AND BACK TO CLEV. CO. DET. CENTER.

DR. PATTERSON, THE ORTHOPEDIC SURGEON OF "ORTHO CENTRAL" HAS PRESCRIBED THERAPY AND I AM BEING DENIED BY CLEV. CO. DET. CENTER; & TURNKEY HEALTH TO BE TRANSPORTED TO MY APPOINTMENT.

AS OF THIS DAY I'M STILL NOT HOUSED IN A HANDICAP ACCESSIBILITY CELL OR UNIT, AND DAILY I'M AT RISK FOR ANOTHER TERRIBLE ACCIDENT TO OCCUR AGAIN, SIMILAR TO THAT OF 02/06/2022.

ON 11/07/2022, I SUBMITTED 2 REQUEST TO STAFFS FOR PAIN;

ON 11/07/2022, I FILED TK. # MXRPIpRmagon MED. REQUEST (PAIN);

TK. # NmFmhYfnHBcs MED. REQUEST (HANDICAP ACCESSIBILITY);

ON 11/09/2022, MEDICAL GRIEVANCE TK. # 20Gdb68F74d7 (X-RAYS & PROPER MEDICAL ATTENTION FOR PAIN & HEALING)

ON 11/10/2022, MEDICAL GRIEVANCE, TK. # Qwd GZx3Rd1UC

ON 11-10-2022, SEEN BY BECKY PATA

ON 11-14-2022, MEDICAL GRIEVANCE APPEAL (EMERGENCY MED. ATT., BROKEN FEMUR BONE, TERRIBLE PAIN)

ON 11-16-2022, MEDICAL GR. APP TO ADMINISTRATIVE REVIEW AUTHORITY (PAIN INTENSIFYING DAILY... TYLENOL + MELOXICAM IS NOT SUFFICIENT PAIN RELIEF)

ON 11-18-2022, REQUESTING SICK CALL, TR. # n+K55A37B+A8

ON 11-27-2022, ADMINISTRATIVE REVIEW AUTHORITY TR. # Cy99Add4Pt+cn

ALL THE DEFENDANTS ARE RESPONSIBLE THROUGH THEIR OFFICIAL POLICIES, AND IN-FORMAL CUSTOMS AMOUNTING TO A WIDESPREAD PRACTICE OF "NEGLIGENCE" AND "DELIBERATE INDIFFERENCE" TO MY SERIOUS MEDICAL NEED THROUGH THEIR CUSTOMS OF NOT PROVIDING HEALTH CARE NOR THERAPY TO PATIENTS WITH BROKEN FEMUR BONES. THE POLICIES & POLICY MAKERS ARE GUILTY OF NEGLIGENCE + DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEEDS, WHICH IS CONTRARY TO MONELL, 436 U.S. 658, 98 S. CT. 2018, 56 L. ED. 2d 611 (1978); LEDBETTER V. CITY OF TOPEKA, KANSAS, 318 F.3d 1183, 1189 (10<sup>th</sup> C.R. 2003); DODDS V. RICHARDSON, 614 F.3d 1185, 1199 (10<sup>th</sup> C.R. 2010)

ALL THE DEFENDANTS HAVE FACTUAL KNOWLEDGE OF MY SERIOUS MEDICAL NEEDS AND THEY BLATANTLY.... STRATEGICALLY.... AND INTENTIONALLY IGNORE THE EXCRUCIATING PAIN I ENDURE DAILY. ALL IN VIOLATION OF MY 14<sup>TH</sup> AMENDMENT GUARANTEED RIGHT TO BE FREE FROM THEIR DEPRIVATION OF MEDICARE AND INHUMANE CONDITIONS OF CONFINEMENT. 8<sup>TH</sup> AMEND. U.S. CONST.

(3) List the supporting facts:

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(4) Relief requested: (State briefly exactly what you want the court to do for you.)

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If there are more than two claims that you wish to assert, describe the additional claims using this same format on a separate sheet(s).

## VI. Declarations

I declare under penalty of perjury that the foregoing is true and correct.

Mike Jackson  
Plaintiff's signature

12-6-22  
Date

I further declare under penalty of perjury that I placed this complaint in the prison's legal mail system, with the correct postage attached, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Mike Jackson  
Plaintiff's signature

12-6-22  
Date